

KSR VISITATION APPOINTMENT REQUEST

This form must be emailed to KSR.Visits@ky.gov no later than 7 days in advance of your requested visit.
Ensure you complete all sections of the form. Incomplete forms will not be accepted.

I am requesting a visit with:

INMATE NAME: _____ NUMBER: _____
(Print Clearly)

DATE REQUESTED: _____

Month/Day

Tuesday ☐ Wednesday ☐ (Only 1 visit per week)

☐ I request an extended visit. I live more than
150 miles from KSR. (Only 1 visit per month)

I understand that I must have received the COVID-19 vaccine and that entry without presenting a valid vaccine card will not be permitted.

YES / NO _____

VISITOR'S NAME: _____
(Print Clearly)

I understand that I must have received the COVID-19 vaccine and that entry without presenting a valid vaccine card will not be permitted.

YES / NO _____

VISITOR'S NAME: _____
(Print Clearly)

WHEELCHAIR/ROLLATOR

ACCESSIBLE TABLE NEEDED: YES / NO

- The time of your visit will be determined by the Scheduler. You will receive an email confirming the date and time of your visit no later than 48 hours before your visitation day. Please check the attached visitation calendar to ensure you are requesting the correct date per the schedule.
- Please also read the attached visitation information and requirements document. Your request for a visit indicates you acknowledge and will adhere to all requirements to visit.

****FOR STAFF SCHEDULING ONLY****

DATE FORM RECEIVED: _____ TIME: _____

KOMS VISITOR'S LIST & RESTRICTIONS CHECKED: YES-CLEAR / NO-SEE DENIAL / NON-CONTACT ONLY

VACCINE CARD ACKNOWLEDGED: YES / NO

ACCESSIBLE TABLE NEEDED: YES / NO

EXTENDED VISIT VERIFIED: NA/YES / NO _____

APPROVED ☐ **-ON-** DATE: _____ TIME: _____ to _____
VISIT

DENIED ☐ REASON FOR DENIAL: _____

Signature: _____

Date: _____